

Mountain Spirit Healing & Education Center

MsHec3

P O Box 11553, Prescott AZ 86304

(928) 421-3399

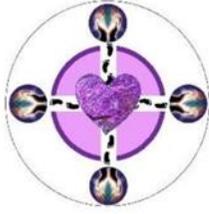
MsHec3.com

Client Application

Date:	Name		
Address:			
Phone: H / W / C ()		<u>Email</u>	
Total Household Annual Income:			
Other Income (Child Support / Alimony / Etc.):			
Number of Dependents:			
Age:		Sex: F / M	
Employed: Y / N	Employer:		
Military: Y / N	Retired: Y / N		On Disability: Y / N
Are you looking for assistance for: <u>Physical Health</u> / <u>Emotional Health</u> / <u>Mental Health</u> / <u>Spiritual Health</u> / <u>Education</u> / <u>Classes</u> / <u>Workshops</u> (circle interests)			
Reason for services?			
What practitioners and classes?			
Signature:			

Please attach proof of income: tax form or pay stub.

DISCLAIMER: WE DO NOT TAKE THE PLACE OF A PHYSICIAN. WE RESERVE THE RIGHT TO REFUSE SERVICES TO ANYONE and may also recommend an outside physician/doctor.



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Assistance Criteria

(Total household income) \$_____ / _____ (# dependents) = _____

80% discount – Income at \$15k or less per dependent.

60% discount – Income at \$16-25k per dependent.

40% discount – Income at \$26-30k per dependent.

20% discount – Income at \$31-40k per dependent.